

**APPLICATION FOR UNITED STATES PATENT  
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DATA INPUT FORM RETRIEVING SYSTEM, DATA INPUT FORM RETRIEVING METHOD  
AND COMPUTER-READABLE RECORDING MEDIUM**

described and claimed in the specification:

Check one:

- a.  attached hereto.
- b.  filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 35, Code of Federal Regulations, § 1.56.

Under Title 35 U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2000-119687, filed on April 20, 2000

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

James A. Cliff, Reg. No. 27,075; William P. Berdige, Reg. No. 30,024;

Kirk M. Hudson, Reg. No. 27,562; Thomas J. Padini, Reg. No. 30,411;

Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;

Mario A. Costantino, Reg. No. 33,563; and Caroline D. Deminson, Reg. No. 34,494.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRICK, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name  
of Sole or First Inventor:

Susumu		Hōmna
Given Name	Middle Initial	Family Name

Susumu		Hōmna
4	12	2001
Month	Day	Year

Minato-ku	Tokyo	Japan
City	State or Province	Country

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Citizenship:

Post Office Address:  
(Street, city, town, village,  
district, including country)

Japan	c/o Fuji Xerox Co., Ltd., 1-20, Akasaka 6-chome, Minato-ku, Tokyo, Japan
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\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

## PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name  
of Second Joint inventor:

Hidetoshi		Osafune
Given Name	Middle Initial	Family Name
<u>Hidetoshi</u>	<u>X</u>	<u>Osafune</u>
	<u>12</u>	<u>2-0-1</u>
Month	Day	Year
Tokyo		
State of Province		
Japan		
City		Country

Citizenship:

Post Office Address:  
(Insert Complete mailing  
address, including country)

Japan  
c/o Fuji Xerox Co., Ltd., 1-20, Akasaka 6-chome,  
Minato-ku, Tokyo, Japan

Typewritten Full Name  
of Third Joint inventor:

Given Name	Middle Initial	Family Name
Month	Day	Year
City		Country
State of Province		

Citizenship:

Post Office Address:  
(Insert Complete mailing  
address, including country)

Given Name	Middle Initial	Family Name
Month	Day	Year
City		Country
State of Province		

Typewritten Full Name  
of Fourth Joint inventor:

Given Name	Middle Initial	Family Name
Month	Day	Year
City		Country
State of Province		

Residence:

Citizenship:

Post Office Address:  
(Insert Complete mailing  
address, including country)

\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.